

09/829 256

PAYEE'S ADDRESS (SEE INSTRUCTIONS)

795

2-205

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	DESENT EXTRA
	Total (37 CFR 1.1660)	18	Minus	51
	Independent (37 CFR 1.1662)	8	Minus	8
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

PAYEE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	DESENT EXTRA
	Total (37 CFR 1.1660)		Minus	
	Independent (37 CFR 1.1662)		Minus	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

PAYEE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	DESENT EXTRA
	Total (37 CFR 1.1660)		Minus	
	Independent (37 CFR 1.1662)		Minus	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

PAYEE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write 0 in column 2.
 ** If the "Highest Number Previously Paid For" is 1, this space is blank.
 *** If the "Highest Number Previously Paid For" is 1, this space is blank.
 The "Highest Number Previously Paid For" is for the Independent Claim.
 Reason Hour Statement. This form is to be filled out by the claimant.
 Any comments on the amount of the fee should be included in the comments section.
 025 Washington, DC 20541-0001